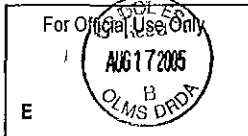


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>SP-15</u> <u>16023</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kevin</u> F <u>Heffernan</u> P.O. Box, Bldg., Room No., if any <u>Suite A</u> Street <u>14420 Townsend Road</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19154</u>	4. Name, file number, and address of labor organization. Name <u>Steamfitters Local Union No. 420</u> Labor Organization File Number <u>001-114</u> P.O. Box, Building and Room Number, if any <u>Suite A</u> Street <u>14420 Townsend Road</u> City <u>Philadelphia</u> State <u>Pennsylvania</u> ZIP Code + 4 <u>19154</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Kevin Heffernan

On

8-03-05

Date

(267) 350-4200

Telephone Number

Name of Person Filing <b>Kevin Heffernan</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Ark Asset Management</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>125 Broad Street</b>  City <b>New York</b>  State <b>New York</b> ZIP Code + 4 <b>10004</b>	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>Steamfitters LU No 420 Pension</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>14420 Townsend Road, Suite B</b>  City <b>Philadelphia</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>19154</b>	<b>11.a. Nature of such dealing.</b> Provided investment management services for assets of the plan.   <b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$52,170</b></span>  <b>12.a. Nature of interest held or income received.</b> Dinner Meeting on 12/1/04.   <b>12.b. Amount.</b> <span style="float: right;"><b>\$131</b></span>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <b>Fifth Third Asset Management Inc.</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>Gulf Tower, MD AGTB 20</b>  Street <b>707 Grant Street, Suite 2000</b>  City <b>Pittsburgh</b>  State <b>Pennsylvania</b> ZIP Code + 4 <b>15219</b>	<b>14.a. Nature of payment.</b> Dinner meeting meal on 3/31/04.   <b>14.b. Amount of payment.</b> <span style="float: right;"><b>\$25</b></span>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Steamfitters LU No 420 Health &amp; Welfare Plan</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>14420 Townsend Road, Suite B</u></p> <p>City <u>Philadelphia</u></p> <p>State <u>Pennsylvania</u> ZIP Code + 4 <u>19154</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>See attached.</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursement of expenses, including airfare, hotel, meals, and related travel expenses, related to attendance at educational conference/seminar.</u></p> <p>12.b. Amount. <u>\$173</u></p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Steamfitters LU No 420 Pension Plan</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>14420 Townsend Road, Suite B</u></p> <p>City <u>Philadelphia</u></p> <p>State <u>Pennsylvania</u> ZIP Code + 4 <u>19154</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>See attached.</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursement of expenses, including airfare, hotel, meals, and related travel expenses, related to attendance at educational conference/seminar.</u></p> <p>12.b. Amount. <u>\$360</u></p>

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Steamfitters LU No 420 Supp. Retirement Plan</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>14420 Townsend Road, Suite B</u></p> <p>City <u>Philadelphia</u></p> <p>State <u>Pennsylvania</u> ZIP Code + 4 <u>19154</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>See attached.</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursement of expenses, including airfare, hotel, meals, and related travel expenses, related to attendance at educational conference/seminar.</u></p> <p>12.b. Amount. <u>\$218</u></p>

## LM-30 Attachment

Name: Kevin F Heffernan

Ending date of report period: 12/31/04

LM-30 File Number: To be assigned

LM-30 Items  
Number

8, Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s)  
9, including reimbursement of valid expenses by a trust in which the labor organization is  
11a interested as though the trust was a business. The information for item 11b is not in my  
and, possession.  
11b